|           | CLAIMS A   | S FILED - PAF   | RT I<br>(Colum  | nn 2)                    | SMALI<br>TYPE         |            |                                       | OR             | OTHER<br>SMALL  | THA                                   |
|-----------|--|-----------------|---|--------------------------|-----------------------|------------|---------------------------------------|----------------|-----------------|---------------------------------------|
| TC        | OTAL CLAIMS  | 10              |   |                          | RAT                   | E (        | FEE                                   |                | RATE            | FE                                    |
| FO        | OR .   | NUMBER FILED    | NUMBE   | NUMBER EXTRA             |                       | FEE 3      | 55.00                                 | OR             | BASIC FEE       | 710                                   |
| то        | OTAL CHARGEABLE CLAIMS                             | / / minus 20    | 0= · <i>D</i>   |                          | X\$ 9                 | =          | •                                     | OŖ             | X\$18=          | •                                     |
| INC       | DEPENDENT CLAIMS                                   | 2 minus 3       | 3 = 9   |                          | X40                   | =          |                                       | OR             | X80=            | •                                     |
| MU        | JLTIPLE DEPENDENT CLAIM P                          | RESENT          | <del>-</del>  |                          | +135                  | _          |                                       | OR             | +270=           |                                       |
| • 11      | If the difference in column 1 is less than zero, e |                 | nter "0" in co  | olumn 2                  | TOTA                  |            |                                       |                | TOTAL           | 7/0                                   |
|           | CLAIMS AS AMENDED - PART II                        |                 |   |                          | 1012                  | _          | grafer vit                            |                |                 | ٠.,                                   |
|           | (Column 1)   | 09114           | olumn 2)  | SMÀ                      | LL EN                 | ПТҮ        | OR                                    | SMALL          | ENŢĮ            |                                       |
| NT A      | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT          | PR              | HIGHEST<br>NUMBER<br>REVIOUSLY<br>PAID FOR              | PRESENT<br>EXTRA         | RAT                   | E TK       | DDI-<br>ONAL<br>EE                    |                | RATE            | AD<br>TIO<br>FE                       |
| AMENDMENT | Total • 12   | Minus **        | 20  |                          | X\$ 9                 | =          |                                       | OR             | X\$18=          | فسنست                                 |
| MEN       | Independent • 2                                    | Minus •••       | 3.  | =                        | X40                   | _          | 7                                     | OR             | . X80=          |                                       |
| _         | FIRST PRESENTATION OF M                            | ULTIPLE DEPEND  | ENT CLAIM   |                          | 105                   |            |                                       | 交              | 270-            | (                                     |
| ٠.        |  |                 |   |                          | ,+135<br>10           |            | X (X)                                 | OR             | CULTOTAL        | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |
|           |  |                 | · · · · · · · · · · · · · · · · · · ·                   |                          | ADDIT. I              |            | 2/44/2/<br>5/2/2/2                    | JOR            | ADDIT FEE       | لاث                                   |
| Ė         | (Column 1)   |                 | Column 2)<br>HIGHEST                                    | (Column 3)               |                       |            | DDI-                                  |                | Palarene.       | AC                                    |
| ENT B     | REMAINING AFTER AMENDMENT                          | PF              | NUMBER<br>REVIOUSLY<br>PAID FOR                         | PRESENT<br>EXTRA         | RAT                   | E TI       | ONAL<br>FEE                           | 1.0            | RATE            | TIO<br>F                              |
|           | Total •  | Minus **        |   | =                        | X\$ 9                 | ()<br> =   |                                       | OR             | X\$18=          |                                       |
| NOMENT    |  | Istinua I       | •   | <b>-</b>                 | 740                   |            | · · · · · · · · · · · · · · · · · · · | ОŖ             | X80=            | 11.                                   |
|           | Independent •                                      | Minus •••       | CMT OF ARE  | <u> </u>                 | X40                   | ~: . ·     |                                       | <b>-</b> • • • |                 | <u> </u>                              |
| AMENDM    | Independent • FIRST PRESENTATION OF M              |                 | ENT CLAIM   |                          |                       |            |                                       |                | +270=           |                                       |
|           |  |                 | DENT CLAIM  |                          | +135                  | TAL        |                                       | OR             | +270=<br>TOTAL  | • .                                   |
|           | FIRST PRESENTATION OF M                            | IULTIPLE DEPEND | -   | (Column 2)               | +135                  | TAL        |                                       |                |                 | • .                                   |
| AME       | FIRST PRESENTATION OF M                            | ULTIPLE DEPEND  | Column 2)<br>HIGHEST                                    | (Column 3)               | +135                  | TAL<br>FEE | DDI-                                  | OR             | TOTAL           | , x                                   |
| CAME      | (Column 1) CLAIMS REMAINING AFTER AMENDMENT        | (C              | Column 2)   | (Column 3) PRESENT EXTRA | +135                  | TAL FEE    | IDDI<br>ONAL<br>FEE                   | OR             | TOTAL           | • .                                   |
| CAME      | (Column 1)  CLAIMS REMAINING AFTER                 | (C              | Column 2)<br>HIGHEST<br>NUMBER<br>REVIOUSLY             | PRESENT<br>EXTRA         | +135<br>TO<br>ADDIT ( | TAL FEE    | ONAL,                                 | OR             | TOTAL ADDIT FEE | AU<br>TIC                             |
| AME       | (Column 1) CLAIMS REMAINING AFTER AMENDMENT        | (C<br>Minus     | Column 2)<br>HIGHEST<br>NUMBER<br>REVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA         | +135<br>TO<br>ADDIT.  | TAL<br>FEE | ONAL,                                 | OR<br>OR       | ADDIT FEE       | Al                                    |